

Death Certificate Request Form

CITY USE ONLY: REG. NO. _____

Please print out this form and return to:

Springfield City Clerk
City Hall, Room 123
36 Court Street
Springfield, MA 01103-1683

Requests submitted through the mail, will be processed on the date they are received.

Full name of person on the record of death

First Middle Last

Date of Death

Month Day Year

Exact Location of this Death

Hospital, Nursing Home, etc. City or Town

Signature of Requester

Daytime telephone number

Area code number

Return Mailing Address

- * Payment may be made by a money order or certified bank check. **Do not send cash.**
- * Personal account checks are **not accepted**.
- * Certified copies cost **\$15.00**; please enclose a self addressed stamped envelope for each transaction through the mail.
- * Make money order or certified bank check payable to "**City of Springfield.**"